



Mahatma Gandhi Mission's
College of Engineering & Technology
 A-9, Sector-62, Gautam Buddha Nagar NOIDA (U.P)

REGISTRATION FORM 1ST/2ND/3RD/4TH YEAR

Academic year 20__ - 20__

Registration for 1st 2nd 3rd 4th Year Even Semester _____

Branch CS/EC/ME/CE _____ Category: _____ Cast Category _____ Sex: Male/Female

University Roll No. _____ Result of previous year: _____ (Attached internet mark-list)
 (Previous Semester and Previous Year)

Name: _____ Date of Birth _____ Blood Gr ____

Students Email. ID _____

Father's Name: _____

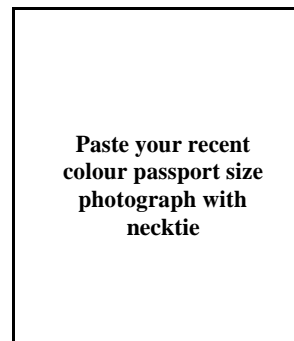
Father's Email. ID _____

Address (Permanent) _____

_____ Phone/Mobile No _____

Address (Correspondence) _____

_____ Phone/Mobile No _____



FEES DETAILS

Amount in Rs.	DD. No	Bank Name	Date

I, the undersigned declare and affirm that information furnished by me is correct and in case of detection of providing false information intentionally, I shall be liable to bear the consequences. I understand that I have been provisionally admitted subject to confirmation by the University. I am bound by the rules & regulations of the University and will supply information and documents/ original certificates as required from time to time. I understand that this is a full time course and I shall not take any gainful employment/s during regular studentship.

Student's Signatures

Parent's Signatures

Principal

Admitted vide receipt No: _____ Amount _____ Amount Pending : _____ Signatures of Accountant **Details**

Of Fees Deposited					
Odd Sem			Even Semester		
Amount	Receipt No	Date	Amount	Receipt No	Date